



ST VLADIMIR'S ORTHODOX THEOLOGICAL SEMINARY

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MENINGOCOCCAL VACCINATION RESPONSE FORM

New York State Public Health Law requires that all students enrolled in a post-secondary school for at least six (6) semester hours or the equivalent per semester be informed that those residing in dormitory-like residences are at heightened risk to contract meningococcal meningitis. The law declares that the risk presented by meningococcal meningitis requires those individuals at risk to make an informed choice regarding immunization.

All newly-enrolled students at St Vladimir's Orthodox Theological Seminary must complete this Meningococcal Vaccination Response Form within thirty days of matriculation at the seminary in order to be in compliance with the New York State Public Health Laws.

Check one box and sign below.

- I have had meningococcal meningitis immunization (MenACWY and/or MenB) within the past five years. [Meningitis vaccine names include Menactra, Mencevo, and MenQuadfi for meningococcal groups A, C, W, and Y; Bexsero and Trumenba for meningococcal group B; and Penbraya, which protects against all five common serogroups (A, B, C, W, and Y).]

Vaccine given: _____ Date of vaccine: _____

Physician/Provider Signature _____

Physician/Provider Stamp and License #: _____

Physician/Provider Phone #: _____

Today's Date _____

- I will obtain meningococcal immunization **within 30 days** of the beginning of the academic year.
- I understand the risks of meningococcal disease and the benefits of immunization. I have decided that I will not obtain immunization against meningococcal disease at this time.

Student's Name (print) _____ Date: _____

Student's Signature _____

Please upload this form to MyCampus or remit to registrar@svots.edu by the first day of the fall semester.